

## Healthcare News: Note changes for coding anemia due to chemotherapy

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A [recent JustCoding.com article](#) referenced *Coding Clinic* advice on coding anemia secondary to chemotherapy. However, effective October 1, the alphabetic and tabular indices reflect changes for coding anemia due to chemotherapy. **James Kennedy, MD, CCS**, director of FTI Healthcare in Brentwood, TN, provided the following updated information.

### Index to diseases

Anemia 285.9

antineoplastic chemotherapy induced 285.3  
due to

antineoplastic chemotherapy 285.3

chemotherapy, antineoplastic 285.3

drug – see Anemia, by type (see also Table of Drugs and Chemicals)

chemotherapy, antineoplastic 285.3

### Table

285 Other and unspecified anemias

285.2 Anemia of chronic disease

Revise Anemia in (due to) (with) chronic illness

285.22 Anemia in neoplastic disease

Add Excludes: anemia due to antineoplastic chemotherapy (285.3)

New code 285.3 Antineoplastic chemotherapy induced anemia anemia due to antineoplastic chemotherapy

Excludes: anemia due to drug NEC – code to type of anemia  
anemia in neoplastic disease (285.22)  
aplastic anemia due to antineoplastic chemotherapy (284.89)

This replaces the *Coding Clinic* advice that was previously referenced requiring coders to code the nature of the anemia caused by cancer chemotherapy. For this reason, effective October 1, 'toxic' anemia due to chemotherapy maps to code 285.3 instead of code 284.89. In fact, most types of anemia due to chemotherapy map to code 285.3 except when a physician explicitly documents 'aplastic anemia due to chemotherapy,' which maps to code 284.89. ICD-9-CM code 285.3 will not be a complication and comorbidity (CC) in MS-DRGs, whereas code 284.89 will remain a major CC.

The new ICD-9-CM revisions for fiscal year 2010 do not change the tabular index,

which requires coders to assign code 284.89, other specified aplastic anemia, for pancytopenia due to drugs (which can include cancer chemotherapy). This is reflected in the excludes note for code 284.1 as follows in the tabular index:

- *284.1 Pancytopenia*

*EXCLUDES: pancytopenia (due to) (with):*

- *aplastic anemia NOS (284.9)*
- *bone marrow infiltration (284.2)*
- *constitutional red blood cell aplasia (284.01)*
- *drug induced (284.89)*
- *hairy cell leukemia (202.4)*
- *human immunodeficiency virus disease (042)*
- *leukoerythroblastic anemia (284.2)*
- *malformations (284.09)*
- *myelodysplastic syndromes (238.72-238.75)*
- *myeloproliferative disease (238.79)*
- *other constitutional aplastic anemia (284.09)*

Pancytopenia is a reduction of one's red cell (anemia), neutrophil (neutropenia), and platelet (thrombocytopenia) count. Although its definition may vary among different physicians and institutions, generally accepted clinical indicators include the following:

- Anemia: Hemoglobin concentration less than 12 g/dl for men and 11 g/dl for women
- Neutropenia: Absolute neutrophil count (percentage of segmented cells and bands multiplied by the total white count) of less than 1,500/ $\mu$ L
- Thrombocytopenia: Platelet count less than 150,000/ $\mu$ L

Should a physician document pancytopenia as well as its individual components that require ongoing monitoring and/or treatment, coders should report the components in accordance with advice rendered in *Coding Clinic*, third quarter 2005, pp. 11–12. Sequencing would depend on the circumstances of admission, diagnostic approach, and treatment rendered.

For example, if a patient with chemotherapy-induced pancytopenia is admitted and receives Neupogen® for the drug-induced neutropenia, code 288.03 would be the principal followed by code 284.89. If the thrombocytopenia is addressed on admission, such as with the administration of platelets, then code 287.4 would be the principal followed by code 284.89. If anemia is addressed on admission, then code 285.3 would be the principal followed by code 284.89. If more than one of these is addressed, the coder can choose either as the principal diagnosis.